

Maine CDC/DHHS Top Questions on 2009 H1N1 Flu November 17, 2009

Top Questions from the week of November 9:

Q. My child is under 10 and has received his first dose of H1N1 vaccine. Will there be enough vaccine to get the second dose 28 days later? The first dose was a nasal spray, what if nasal spray is unavailable later?

A. US CDC recommends that the two doses of H1N1 vaccine for children 9 years of age and younger be separated by 4 weeks. There is no maximum number of days between doses.

Ideally the same type of vaccine – nasal spray or injection – should be used for both doses. If different types of vaccine are used for the first and second doses, however, there is no need to revaccinate a child.

Q. Is the H1N1 vaccine really safe?

A. The H1N1 vaccine was manufactured using the same process as the seasonal flu vaccine, which has an excellent track record for safety.

US CDC and FDA monitor the safety of vaccines through the Vaccine Adverse Effect Report System. For the first month of H1N1 vaccine being administered in Maine, we have found a total of five adverse events reported. All of these were mild, requiring no hospitalization or long-term problems. The events included congestion and a sore throat following a nasal spray vaccine, and tingling and numbness following an injectable vaccine that resolved.

Maine CDC will be reporting on any additional adverse effects reported in the state in our weekly updates posted at www.maine flu.gov each Thursday.

For more information about H1N1 vaccine safety, please visit:
http://www.cdc.gov/h1n1flu/vaccination/vaccine_safety_qa.htm

Q. Are prescription antiviral medications safe?

A. The groups at risk for complications from the flu are slightly different from the groups prioritized to receive H1N1 vaccine. Those at highest risk for complications from the flu include:

- Children younger than 2 years-old
- Pregnant women
- Adults age 65 and older

- People with underlying medical conditions (such as asthma, heart failure, chronic lung disease, diabetes, HIV)

If you fall into one or more of these groups and you have signs of the flu, contact your health care provider within the first 48 hours to get a prescription for antiviral medications (such as Tamiflu®). If you fall into one of more of these groups and you live with someone who has the flu, contact your health care provider. In some cases, your doctor may want to prescribe antiviral medications before you show symptoms. The state's stockpile of these medicines is available to those who do not have adequate insurance and cannot afford the costs.

Although most people can stay home to recover without seeing a health care provider, it is possible for healthy people to develop severe illness from the flu. Anyone with the flu should seek medical attention for:

- Dehydration
- Trouble breathing
- Getting better, then suddenly getting a lot worse
- Any major change in condition

Antivirals can have side effects. If an antiviral drug has been prescribed for you, ask your doctor to explain how to use the drug and any possible side effects.

You can read more about antivirals here: <http://www.cdc.gov/H1N1flu/antivirals/geninfo.htm>

Q. I think I have the flu. Should I go to the emergency room?

A. The emergency room should be used for people who are very sick. You should not go to the emergency room if you are only mildly ill. If you get sick with flu symptoms and are at high risk of flu complications or you are concerned about your illness, call your health care provider for advice.

Most people with the flu will get better over a few days. However, some people may get sicker and should see their doctor if they get worse. Some warning signs that should make people consider calling their doctor or seeking emergency care:

- Hard time breathing or short of breath.
- Pain or pressure in the chest or stomach.
- Feeling dizzy all of a sudden.
- Being confused.
- Not being able to stop throwing-up.
- Flu-like symptoms that were getting better – but then came back with a fever and worse cough.

If your child has any of these signs, call a doctor or seek emergency medical care right away:

- Fast breathing or trouble breathing
- Bluish or gray skin color
- Not drinking enough fluids
- Severe or persistent vomiting

- Not urinating or no tears when crying
- Not waking up or not interacting
- Being so irritable that the child does not want to be held
- Fever with a rash
- Flu-like symptoms improve but then return with fever and worse cough

How to Stay Updated

- **Flu News:** View current Maine CDC press releases, Thursday morning weekly updates, and urgent updates from our Health Alert Network (HAN) by visiting: <http://www.maine.gov/dhhs/boh/maineflu/flu-news.shtml>. RSS feeds are available for the weekly updates and HAN.
- **Follow Maine CDC's Social Media Updates:**
 - **Facebook** (search for "Maine CDC")
 - **Twitter** (<http://twitter.com/MEPublicHealth>)
 - **MySpace** (www.myspace.com/mainepublichealth)
 - **Maine CDC's Blog** (<http://mainepublichealth.blogspot.com>)

Call or Email Us

- For clinical consultation, outbreak management guidance, and reporting of an outbreak of H1N1 call Maine CDC's toll free 24-hour phone line at: 1-800-821-5821.
- General Public Call-in Number for Questions: 1-888-257-0990
Deaf and Hard of Hearing phone number: 1-800-606-0215
Phone lines are open Monday - Friday 9 a.m. – 5 p.m.
- Email your questions to: flu.questions@maine.gov